



Wildlife Rehabilitation



Annual Year End Report

(Report Due by January 31 for previous year)

Report for year of _____

Organization name: _____ Phone: _____

Address: _____

Email: _____

Instructions: Please provide the information requested for all mammals and reptiles (birds can be accounted for by sending a copy of the Federal Annual Report) held under your permit during the report year, and **return the completed report to: Nicole Carion, Wildlife Rehab Coordinator, 1812 Ninth Street, Sacramento, CA 95814.** Use of this form is not mandatory, but the same information must be submitted. Filing an annual report is a condition of your permit. **Failure to file a timely report could result in the loss of your permit.** You must submit a report even if you had no activity during the year.

Non-releasable wildlife used for education or surrogates: Please list any wildlife that is non-releasable and being used for surrogates or educational animals.

Common Name	Date Acquired	Nature of Injury	Location of Animal

Non- Releasable Wildlife Continued

Common Name	Date Acquired	Nature of Injury	Location of Animal

Total amount of Non- Releasable_____

New Acquisitions. Please provide a summary of all mammals and reptiles (migratory birds reporting can be done by providing a copy of the U.S Fish & Wildlife annual report) categorized by species. The quantity in the received column should equal the sum of the quantities in the Disposition column.

Common Name	Total Number Received	Disposition (enter quantity)				
		Released	Transferred	Pending	Euthanized	Died

New Acquisitions Continued

[illegible]

Total number of Mammals Received _____ **Total Reptiles** _____

Other comments (any other information regarding annual year end reporting that you would like the Department to know):

Report Prepared by: _____
Name (Print) Title Date

Certification

I certify that the above information is true and correct to the best of my knowledge. I understand that any false statements herein may result in the loss of my Wildlife Rehabilitation Memorandum of Understanding.

Signature:

Date:

Send To:
California Department of Fish and Game
Nicole Carion
Wildlife Rehabilitation Coordinator
Wildlife Programs Branch
1812 Ninth Street
Sacramento, CA 95814